



**COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS  
OF MANITOBA**

245 Lilac Street  
Winnipeg, MB R3M 2S2  
www.cmltm.ca

Phone: 204-231-0311  
Fax: 204-489-7300  
Toll Free: 877-331-0311  
E-mail: cmltm@cmltm.ca

**BIOGRAPHICAL SKETCH**

**NOMINEE FOR ELECTION TO COUNCIL**

Name of Nominee \_\_\_\_\_

Electoral Division \_\_\_\_\_

**Registration Information**

Years of Practice as a MLT: \_\_\_\_\_ Year Registered with CMLTM: \_\_\_\_\_

CMLTM Registration Number: \_\_\_\_\_

Jurisdictions you are registered in:

**Practice Information**

Current place(s) of employment:

Employment history (past 5 years)

I confirm that to my knowledge: (please check to confirm)

\_\_\_\_\_ there have been no findings of professional misconduct, proprietary misconduct, or unskilled practice of MLT against me: and  
\_\_\_\_\_ there have been no matters referred to an Investigating Committee in relation to my conduct that are still outstanding.

If you cannot provide the above confirmation, you can provide a brief statement below about a finding or an investigation, which will be published instead of the above statement.

Describe your MLT practice interests:



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Identify any advanced practice designations that you have achieved through a nationally or provincially recognized certification/accreditation program(s):

**Awards and Recognition**

Identify any awards or recognition that you have received as a result of achievement of leadership within the professional or within your community:

**Leadership**

Identify leadership roles that you have provided within the profession or within your community, including your responsibilities and the terms of your appointment:

**Role of the College**

Describe the role and mandate of CMLTM, from your perspective:

**Goals and Objectives**

What are your personal goals and objectives, as a Council member, if elected to the CMLTM Council?

**Qualities**

Describe unique qualities about yourself with respect to why members of the electorate should vote for you as a Council member:



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I \_\_\_\_\_ attest that all the above information is accurate and truthful to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach a current resume/C.V. and photo.